



May 29, 2024

Alexander & Lauren Lasry
2569 N Wahl Ave
Milwaukee, WI 53211

Re: Historic Tax Credit Certification Application
Project Number WI240213-WI240215
Reviewed: **Conditionally Approved**

Dear Alexander & Lauren Lasry,

On May 20, 2024, the State Historic Preservation Office received a Historic Tax Credit Certification Application for your property at 2569 N Wahl Avenue in Milwaukee. Enclosed is a copy of the signed Part 1 application indicating your house has been determined to be a historic property for purposes of this program.

We have reviewed the Part 2 application and determined the proposed project will meet the "Secretary of the Interior's Standards for Rehabilitation" **if the conditions on the following page are met**. Enclosed is a copy of the signed Part 2 application.

The final review of your project on the Part 3 applications will be conducted together when the scope of work of all three applications (WI240213, WI240214 and WI240215) are completed and submitted to our office for review.

If questions arise during your project, we have many new articles about maintaining and preserving historic buildings that you may find useful: www.wisconsinhistory.org/preserve-your-building

When all work is completed, the project must be closed out in order to claim/retain tax credit.

1. Take photographs showing the whole house from all sides, as well as detailed photos of the specific work that was completed. These photos should be printed in color and of a high resolution.
2. Keep the pink form included with this letter (*Part 3: Request for Certification of Completed Work*). Fill it out with the *actual* costs of the eligible project work, and submit it with the photos of completed work. This Part 3 form, with a signature from our office, will be required by the Wisconsin Department of Revenue to claim the tax credits.

If you have questions about this approval or the conditions, please contact Paul Porter at 608-264-6491 or Paul.Porter@wisconsinhistory.org.

Sincerely,

Paul Porter

Tax Credit Reviewer-Eastern District



ASSIGNED PROJECT CONDITIONS

Homeowner Copy

PROPERTY NAME: Jessie and John F. Kern House
PROJECT NUMBER: WI240213-WI240215
2569 N Wahl Avenue
Milwaukee

In order for your project to be approved for income tax credits the following conditions must be met. A second copy of these conditions are being provided for your contractor's use. It is the homeowner's responsibility that all conditions are met. Failure to meet these conditions results in project denial.

- 1) Asphalt shingles are recognized as an acceptable substitute to wood shingles however the proposed shingle should not create a new aesthetic. Standard 3 tab shingles or architectural shingles with a light shadow line are approved. Architectural shingles with uneven bottom edges or heavy, fake shadow lines are not approved. Dark grey, black, dark brown and reddish brown (earth tones) are the most appropriate colors. Red, green and blue shingles are not appropriate unless there is documentation that this was the historic color.
- 2) If the roofing work involves installation of vents, the following types of vents are approved: 1) shingle-over roll ridge vents (low profile) that run the ENTIRE length of the ridge, covering 100% of any ridge they are installed on, or 2) "mushroom" or "slant-back" vents installed on the rear portions of the roof, not visible from public rights-of-way. If you elect to install other types of vents or vents in different locations, you must submit manufacturer's information for review and approval prior to installation.
- 3) When installing new flashing or counterflashing at a brick surface (e.g. chimney, wall), the flashing must be stepped or cut into the mortar joints. The bricks may not be cut to install flashing at an angle.

Paul Porter for Daina Penkiunas, State Historic Preservation Officer

5/29/24
DATE



ASSIGNED PROJECT CONDITIONS

Contractor Copy

PROPERTY NAME: Jessie and John F. Kern House
PROJECT NUMBER: WI240213-WI240215
2569 N Wahl Avenue
Milwaukee

In order for your project to be approved for income tax credits the following conditions must be met. A second copy of these conditions are being provided for your contractor's use. It is the homeowner's responsibility that all conditions are met. Failure to meet these conditions results in project denial.

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- 3) When installing new flashing or counterflashing at a brick surface (e.g. chimney, wall), the flashing must be stepped or cut into the mortar joints. The bricks may not be cut to install flashing at an angle.


Paul Porter for Daina Penkiunas, State Historic Preservation Officer

5/29/24
DATE

RECEIVED
MAY 21 2024



WISCONSIN
HISTORICAL
SOCIETY

BY:

HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION
PART 1 – EVALUATION OF SIGNIFICANCE

1. **PROPERTY ADDRESS** Street 2569 N WAHL AVENUE **AHI 30213**
City MILWAUKEE County MILWAUKEE ZIP 53211

Listed individually in the State Register or National Register. COMPLETE THIS PAGE ONLY
LISTING NAME JESSIE AND JOHN F. KERN HOUSE

Located in a State Register or National Register historic district. COMPLETE THIS PAGE ONLY
NAME OF HISTORIC DISTRICT NORTH POINT HISTORIC DISTRICT

PRELIMINARY CERTIFICATION Not listed in State Register or National Register or located in a State Register or National Register historic district - COMPLETE BOTH PAGES

2. **OWNER'S NAME** ALEXANDER AND LAUREN LASRY
Street 2569 N WAHL AVENUE
City MILWAUKEE State WI ZIP 53211 Telephone (days) /
Email address LASRYAJ@GMAIL.COM

3. **PROJECT CONTACT** MATT SMIES
Email address MATT@CUSTOMCRAFT.CC Telephone (days) 920 / 946-2566

4. **PHOTOGRAPHS** Please enclose photographs of the exterior of the building to be rehabilitated. Photos should be in color, at least 4" x 6", commercially printed and clearly show all sides of the building.

5. **OWNER'S CERTIFICATION** I hereby attest that the information I have provided is, to the best of my knowledge, correct and that I own the property described above. I understand that the falsification of factual representations in the application may be subject to criminal sanctions.

SIGNATURE OF OWNER [Signature] DATE 5/17/24

SEND COMPLETED APPLICATIONS TO State Historic Preservation Office
Wisconsin Historical Society – Room 312
816 State Street, Madison, WI 53706

STATE HISTORIC PRESERVATION OFFICE USE ONLY

WHS PROJECT NO. WI 240213

The State Historic Preservation Office has reviewed this application and has determined that:

- the property is listed in the State Register of Historic Places or National Register of Historic Places and is historic property for purposes of the Historic Homeowner's Income Tax Credit.
- the property contributes to the above-named State Register or National Register historic district and is historic property for purposes of the Historic Homeowner's Income Tax Credit.
- the property appears to meet the State Register or National Register Criteria for Evaluation and, therefore is determined to be historic property for purposes of the Historic Homeowner's Income Tax Credit.
- NON-CERTIFICATION:** the property is not listed in the State Register of Historic Places or National Register of Historic Places, is not a contributing element to a State Register historic district or National Register historic district, and does not appear to meet the State Register or National Register Criteria for Evaluation; therefore, the property is not a historic property for purposes of the Historic Homeowner's Income Tax Credit.

[Signature]
For Daina Ilenkiunas, State Historic Preservation Officer

5/29/24
Date



HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION
PART 2 - DESCRIPTION OF PROPOSED WORK

1. PROPERTY ADDRESS Street 2569 N WAHL AVENUE
City MILWAUKEE County MILWAUKEE ZIP 53211

2. OWNER'S NAME ALEXANDER AND LAUREN LASRY
Street 2569 N WAHL AVENUE
City MILWAUKEE State WI ZIP 53211 Telephone (days) /
Email address LASRYAJ@GMAIL.COM

3. PROJECT CONTACT MATT SMIES
Email address MATT@CUSTOMCRAFT.CC Telephone (days) 920 / 946-2566

4. OWNER'S CERTIFICATION I hereby attest that the information I have provided is, to the best of my knowledge, correct and that I own the property described above. I understand that the falsification of factual representations in the application may be subject to criminal sanctions. I further agree to submit the Request for Certification of Completed Work within 30 days of the date of completion of work or face forfeiture of any tax credit claimed for this project.

SIGNATURE OF OWNER [Handwritten Signature] DATE 5/7/24

SEND COMPLETED APPLICATIONS TO State Historic Preservation Office
Wisconsin Historical Society - Room 312
816 State Street, Madison, WI 53706

STATE HISTORIC PRESERVATION OFFICE USE ONLY
WHS PROJECT NO. WI 240213
The State Historic Preservation Office has reviewed this application for the above name property and has determined that:
- the property is historic property and the rehabilitation as described meets the "Secretary of the Interior's Standards for Rehabilitation." This is a preliminary determination only. Final certification can be issued only after work has been completed and a Request for Certification of Completed Work has been approved.
- the property is historic property and the rehabilitation will meet the "Secretary of the Interior's Standards for Rehabilitation" if the attached conditions are met. This is a preliminary determination only. Final certification can be issued only after work has been completed and a Request for Certification of Completed Work has been approved.
For Daina Penkiunas, State Historic Preservation Officer Date 5/28/24
NON-CERTIFICATION
THE OWNER MAY NOT CLAIM THE TAX CREDIT. The rehabilitation is not consistent with the historic character of the property and that the project does not meet the "Secretary of the Interior's Standards for Rehabilitation" for reasons given in the attached materials.
THE OWNER MAY NOT CLAIM THE TAX CREDIT. The property has not been determined to be historic property for purposes of this program.
For Daina Penkiunas, State Historic Preservation Officer Date



WISCONSIN HISTORICAL SOCIETY

HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION

PART 1 - EVALUATION OF SIGNIFICANCE

1. PROPERTY ADDRESS Street 2569 N WAHL AVENUE
City MILWAUKEE County MILWAUKEE ZIP 53211

Listed individually in the State Register or National Register. COMPLETE THIS PAGE ONLY
LISTING NAME JESSIE AND JOHN F. KERN HOUSE

Located in a State Register or National Register historic district. COMPLETE THIS PAGE ONLY
NAME OF HISTORIC DISTRICT NORTH POINT HISTORIC DISTRICT

PRELIMINARY CERTIFICATION Not listed in State Register or National Register or located in a State Register or National Register historic district - COMPLETE BOTH PAGES

2. OWNER'S NAME ALEXANDER AND LAUREN LASRY
Street 2569 N WAHL AVENUE
City MILWAUKEE State WI ZIP 53211 Telephone (days) /
Email address LASRYAJ@GMAIL.COM

3. PROJECT CONTACT MATT SMIES
Email address MATT@CUSTOMCRAFT.CC Telephone (days) 920 / 946-2566

4. PHOTOGRAPHS Please enclose photographs of the exterior of the building to be rehabilitated. Photos should be in color, at least 4" x 6", commercially printed and clearly show all sides of the building.

5. OWNER'S CERTIFICATION I hereby attest that the information I have provided is, to the best of my knowledge, correct and that I own the property described above. I understand that the falsification of factual representations in the application may be subject to criminal sanctions.

SIGNATURE OF OWNER [Signature] DATE 5/7/24

SEND COMPLETED APPLICATIONS TO State Historic Preservation Office
Wisconsin Historical Society - Room 312
816 State Street, Madison, WI 53706

STATE HISTORIC PRESERVATION OFFICE USE ONLY

WHS PROJECT NO. WI 240214

The State Historic Preservation Office has reviewed this application and has determined that:

- the property is listed in the State Register of Historic Places or National Register of Historic Places and is historic property for purposes of the Historic Homeowner's Income Tax Credit.
the property contributes to the above-named State Register or National Register historic district and is historic property for purposes of the Historic Homeowner's Income Tax Credit.
the property appears to meet the State Register or National Register Criteria for Evaluation and, therefore is determined to be historic property for purposes of the Historic Homeowner's Income Tax Credit.
NON-CERTIFICATION: the property is not listed in the State Register of Historic Places or National Register of Historic Places, is not a contributing element to a State Register historic district or National Register historic district, and does not appear to meet the State Register or National Register Criteria for Evaluation; therefore, the property is not a historic property for purposes of the Historic Homeowner's Income Tax Credit.

[Signature]
For Daina Penkiunas, State Historic Preservation Officer

Date 5/29/24



WISCONSIN
HISTORICAL
SOCIETY

HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION
PART 2 – DESCRIPTION OF PROPOSED WORK

1. **PROPERTY ADDRESS** Street 2569 N WAHL AVENUE
 City MILWAUKEE County MILWAUKEE ZIP 53211
2. **OWNER'S NAME** ALEXANDER AND LAUREN LASRY
 Street 2569 N WAHL AVENUE
 City MILWAUKEE State WI ZIP 53211 Telephone (days) /
 Email address LASRYAJ@GMAIL.COM
3. **PROJECT CONTACT** MATT SMIES
 Email address MATT@CUSTOMCRAFT.CC Telephone (days) 920 / 946-2566

4. **OWNER'S CERTIFICATION** I hereby attest that the information I have provided is, to the best of my knowledge, correct and that I own the property described above. I understand that the falsification of factual representations in the application may be subject to criminal sanctions. I further agree to submit the *Request for Certification of Completed Work* within 30 days of the date of completion of work or face forfeiture of any tax credit claimed for this project.

SIGNATURE OF OWNER DATE 5/7/24

SEND COMPLETED APPLICATIONS TO State Historic Preservation Office
 Wisconsin Historical Society – Room 312
 816 State Street, Madison, WI 53706

STATE HISTORIC PRESERVATION OFFICE USE ONLY	WHS PROJECT NO. <u>WI240214</u>
The State Historic Preservation Office has reviewed this application for the above name property and has determined that:	
<input type="checkbox"/>	the property is historic property and the rehabilitation as described meets the "Secretary of the Interior's Standards for Rehabilitation." This is a preliminary determination only. Final certification can be issued only after work has been completed and a Request for Certification of Completed Work has been approved.
<input checked="" type="checkbox"/>	the property is historic property and the rehabilitation will meet the "Secretary of the Interior's Standards for Rehabilitation" if the attached conditions are met. This is a preliminary determination only. Final certification can be issued only after work has been completed and a Request for Certification of Completed Work has been approved.
<u></u>	<u>5/29/24</u>
For Daina Penkiunas, State Historic Preservation Officer	Date
NON-CERTIFICATION	
<input type="checkbox"/>	THE OWNER MAY NOT CLAIM THE TAX CREDIT. The rehabilitation is not consistent with the historic character of the property and that the project does not meet the "Secretary of the Interior's Standards for Rehabilitation" for reasons given in the attached materials.
<input type="checkbox"/>	THE OWNER MAY NOT CLAIM THE TAX CREDIT. The property has not been determined to be historic property for purposes of this program.
For Daina Penkiunas, State Historic Preservation Officer	Date



WISCONSIN HISTORICAL SOCIETY

HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION

PART 1 - EVALUATION OF SIGNIFICANCE

1. PROPERTY ADDRESS Street 2569 N WAHL AVENUE City MILWAUKEE County MILWAUKEE ZIP 53211

[X] Listed individually in the State Register or National Register. COMPLETE THIS PAGE ONLY LISTING NAME JESSIE AND JOHN F. KERN HOUSE

[X] Located in a State Register or National Register historic district. COMPLETE THIS PAGE ONLY NAME OF HISTORIC DISTRICT NORTH POINT HISTORIC DISTRICT

[] PRELIMINARY CERTIFICATION Not listed in State Register or National Register or located in a State Register or National Register historic district - COMPLETE BOTH PAGES

2. OWNER'S NAME ALEXANDER AND LAUREN LASRY Street 2569 N WAHL AVENUE City MILWAUKEE State WI ZIP 53211 Telephone (days) / Email address LASRYAJ@GMAIL.COM

3. PROJECT CONTACT MATT SMIES Email address MATT@CUSTOMCRAFT.CC Telephone (days) 920 / 946-2566

4. PHOTOGRAPHS Please enclose photographs of the exterior of the building to be rehabilitated. Photos should be in color, at least 4" x 6", commercially printed and clearly show all sides of the building.

5. OWNER'S CERTIFICATION I hereby attest that the information I have provided is, to the best of my knowledge, correct and that I own the property described above. I understand that the falsification of factual representations in the application may be subject to criminal sanctions.

SIGNATURE OF OWNER [Signature] DATE 5/7/24

SEND COMPLETED APPLICATIONS TO State Historic Preservation Office Wisconsin Historical Society - Room 312 816 State Street, Madison, WI 53706

STATE HISTORIC PRESERVATION OFFICE USE ONLY

WHS PROJECT NO. W124025

The State Historic Preservation Office has reviewed this application and has determined that:

- the property is listed in the State Register of Historic Places or National Register of Historic Places and is historic property for purposes of the Historic Homeowner's Income Tax Credit.
the property contributes to the above-named State Register or National Register historic district and is historic property for purposes of the Historic Homeowner's Income Tax Credit.
the property appears to meet the State Register or National Register Criteria for Evaluation and, therefore is determined to be historic property for purposes of the Historic Homeowner's Income Tax Credit.
NON-CERTIFICATION: the property is not listed in the State Register of Historic Places or National Register of Historic Places, is not a contributing element to a State Register historic district or National Register historic district, and does not appear to meet the State Register or National Register Criteria for Evaluation; therefore, the property is not a historic property for purposes of the Historic Homeowner's Income Tax Credit.

[Signature] For Daina Penkiunas, State Historic Preservation Officer

Date 5/29/24



WISCONSIN HISTORICAL SOCIETY

HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION
PART 2 - DESCRIPTION OF PROPOSED WORK

1. PROPERTY ADDRESS Street 2569 N WAHL AVENUE
City MILWAUKEE County MILWAUKEE ZIP 53211

2. OWNER'S NAME ALEXANDER AND LAUREN LASRY
Street 2569 N WAHL AVENUE
City MILWAUKEE State WI ZIP 53211 Telephone (days) /
Email address LASRYAJ@GMAIL.COM

3. PROJECT CONTACT MATT SMIES
Email address MATT@CUSTOMCRAFT.CC Telephone (days) 920 / 946-2566

4. OWNER'S CERTIFICATION I hereby attest that the information I have provided is, to the best of my knowledge, correct and that I own the property described above. I understand that the falsification of factual representations in the application may be subject to criminal sanctions. I further agree to submit the Request for Certification of Completed Work within 30 days of the date of completion of work or face forfeiture of any tax credit claimed for this project.

SIGNATURE OF OWNER [Signature] DATE 5/7/24

SEND COMPLETED APPLICATIONS TO State Historic Preservation Office
Wisconsin Historical Society - Room 312
816 State Street, Madison, WI 53706

STATE HISTORIC PRESERVATION OFFICE USE ONLY WHS PROJECT NO. WI 240215

The State Historic Preservation Office has reviewed this application for the above name property and has determined that:
the property is historic property and the rehabilitation as described meets the "Secretary of the Interior's Standards for Rehabilitation."
This is a preliminary determination only. Final certification can be issued only after work has been completed and a Request for Certification of Completed Work has been approved.
the property is historic property and the rehabilitation will meet the "Secretary of the Interior's Standards for Rehabilitation" if the attached conditions are met. This is a preliminary determination only. Final certification can be issued only after work has been completed and a Request for Certification of Completed Work has been approved.

[Signature] For Daina Penkiunas, State Historic Preservation Officer Date 5/29/24

NON-CERTIFICATION
THE OWNER MAY NOT CLAIM THE TAX CREDIT. The rehabilitation is not consistent with the historic character of the property and that the project does not meet the "Secretary of the Interior's Standards for Rehabilitation" for reasons given in the attached materials.
THE OWNER MAY NOT CLAIM THE TAX CREDIT. The property has not been determined to be historic property for purposes of this program.

For Daina Penkiunas, State Historic Preservation Officer Date

Porter, Paul R - WHS

From: Porter, Paul R - WHS
Sent: Wednesday, May 29, 2024 1:31 PM
To: Alexander Lasry; Maritza Quinones
Cc: Penzkover, Leah X - WHS; Bissen, Kate - WHS
Subject: RE: WI240213-WI240215, Jessie and John F. Kern House, 2569 N Wahl Ave, Milwaukee

Thank you, Alex, for the shingle color. I will proceed with wrapping up the project review for the new roof.

Cheers,
Paul

Paul Porter
Tax Credit Reviewer-Eastern District

Wisconsin Historical Society
816 State Street, Rm 312
Madison, WI 53706
(608) 264-6491 office

From: Alexander Lasry <lasryaj@gmail.com>
Sent: Wednesday, May 29, 2024 11:07 AM
To: Maritza Quinones <mquinones@avenuecapital.com>
Cc: Porter, Paul R - WHS <paul.porter@wisconsinhistory.org>; Penzkover, Leah X - WHS <Leah.Penzkover@wisconsinhistory.org>; Bissen, Kate - WHS <kate.bissen@wisconsinhistory.org>
Subject: Re: WI240213-WI240215, Jessie and John F. Kern House, 2569 N Wahl Ave, Milwaukee

**CAUTION: This email originated from outside the organization.
Do not click links or open attachments unless you recognize the sender and know the content is safe.**

Shingle color is Black Pearl.

On May 23, 2024, at 2:45 PM, Maritza Quinones <mquinones@avenuecapital.com> wrote:

Good afternoon Paul,

I have not discussed the shingle color.

Thank you for your guidance.

Alex is away. As soon as I speak to him, I will revert back.

Best,

Maritza

Maritza Quinones
Vice President
Avenue Capital Group
11 West 42nd Street, 9th Fl.
New York, NY 10036
(212) 850-7514

From: Porter, Paul R - WHS <paul.porter@wisconsinhistory.org>
Sent: Thursday, May 23, 2024 2:22 PM
To: Maritza Quinones <mquinones@avenuecapital.com>; Penzkover, Leah X - WHS <Leah.Penzkover@wisconsinhistory.org>
Cc: Bissen, Kate - WHS <kate.bissen@wisconsinhistory.org>; Lasry, Alex <alex.lasry@gmail.com>
Subject: RE: WI240213-WI240215, Jessie and John F. Kern House, 2569 N Wahl Ave, Milwaukee

THIS EMAIL ORIGINATED OUTSIDE OF AVENUE CAPITAL. Verify the sender before providing any information or opening links and attachments.

Good afternoon Maritza,

Have you discussed the shingle color with Alex and Lauren as to what they want? It wasn't specified in the proposal. I looked at the nine color choices on their website and the only one that I think may be problematic is the Georgian Brick color as that is pretty close to the terra cotta color of the brick on the house. If that is still an outstanding decision to make, here is our guidance on shingle selection.

Asphalt shingles are recognized as an acceptable substitute to wood shingles however the proposed shingle should not create a new aesthetic. Standard 3 tab shingles or architectural shingles with a light shadow line are acceptable. Architectural shingles with un-even bottom edges or heavy, fake shadow lines are not acceptable. Dark grey, black, dark brown and reddish brown (earth tones) are the most appropriate colors. Red, green and blue shingles are not appropriate unless there is documentation that this was the historic color.

Please let me know what color is selected so that I can finish reviewing the application.

Cheers,
Paul

Paul Porter
Tax Credit Reviewer-Eastern District

Wisconsin Historical Society
816 State Street, Rm 312

RECEIVED
MAY 21 2024



WISCONSIN
HISTORICAL
SOCIETY

BY:

HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION

PART 1 - EVALUATION OF SIGNIFICANCE

1. PROPERTY ADDRESS Street 2569 N WAHL AVENUE AHI 30213
City MILWAUKEE County MILWAUKEE ZIP 53211

Listed individually in the State Register or National Register. COMPLETE THIS PAGE ONLY
LISTING NAME JESSIE AND JOHN F. KERN HOUSE

Located in a State Register or National Register historic district. COMPLETE THIS PAGE ONLY
NAME OF HISTORIC DISTRICT NORTH POINT HISTORIC DISTRICT

PRELIMINARY CERTIFICATION Not listed in State Register or National Register or located in a State Register or National Register historic district - COMPLETE BOTH PAGES

2. OWNER'S NAME ALEXANDER AND LAUREN LASRY
Street 2569 N WAHL AVENUE
City MILWAUKEE State WI ZIP 53211 Telephone (days) /
Email address LASRYAJ@GMAIL.COM

3. PROJECT CONTACT MATT SMIES
Email address MATT@CUSTOMCRAFT.CC Telephone (days) 920 / 946-2566

4. PHOTOGRAPHS Please enclose photographs of the exterior of the building to be rehabilitated. Photos should be in color, at least 4" x 6", commercially printed and clearly show all sides of the building.

5. OWNER'S CERTIFICATION I hereby attest that the information I have provided is, to the best of my knowledge, correct and that I own the property described above. I understand that the falsification of factual representations in the application may be subject to criminal sanctions.

SIGNATURE OF OWNER DATE 5/7/24

SEND COMPLETED APPLICATIONS TO State Historic Preservation Office
Wisconsin Historical Society - Room 312
816 State Street, Madison, WI 53706

STATE HISTORIC PRESERVATION OFFICE USE ONLY

WHS PROJECT NO. WI 240213

The State Historic Preservation Office has reviewed this application and has determined that:

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- the property contributes to the above-named State Register or National Register historic district and is historic property for purposes of the Historic Homeowner's Income Tax Credit.
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For Daina Penkiunas, State Historic Preservation Officer

Date



WISCONSIN
HISTORICAL
SOCIETY

HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION
PART 1 – EVALUATION OF SIGNIFICANCE

Property Address NOT PRELIMINARY CERTIFICATION

INSTRUCTIONS Complete this page of the form ONLY if you are applying for PRELIMINARY CERTIFICATION. Enclose photographs of all sides of the building's exterior, and interior spaces. Also include photographs of the site and any outbuildings (such as garages, barns, or other agricultural buildings). The photographs should clearly illustrate the appearance of the property and its significant features.

6. BUILDING DATA

Date of construction _____ Source of date _____

Dates (or approximate dates) and brief description of alterations _____

Has the building been moved? Yes No

If yes, when and from where? _____

7. DESCRIBE WHY THE PROPERTY IS IMPORTANT



WISCONSIN
HISTORICAL
SOCIETY

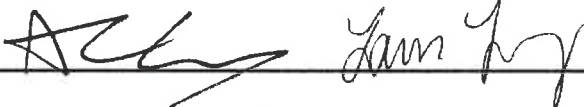
HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION
PART 2 – DESCRIPTION OF PROPOSED WORK

1. **PROPERTY ADDRESS** Street 2569 N WAHL AVENUE
City MILWAUKEE County MILWAUKEE ZIP 53211

2. **OWNER'S NAME** ALEXANDER AND LAUREN LASRY
Street 2569 N WAHL AVENUE
City MILWAUKEE State WI ZIP 53211 Telephone (days) /
Email address LASRYAJ@GMAIL.COM

3. **PROJECT CONTACT** MATT SMIES
Email address MATT@CUSTOMCRAFT.CC Telephone (days) 920 / 946-2566

4. **OWNER'S CERTIFICATION** I hereby attest that the information I have provided is, to the best of my knowledge, correct and that I own the property described above. I understand that the falsification of factual representations in the application may be subject to criminal sanctions. I further agree to submit the *Request for Certification of Completed Work* within 30 days of the date of completion of work or face forfeiture of any tax credit claimed for this project.

SIGNATURE OF OWNER  DATE 5/7/24

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Wisconsin Historical Society – Room 312
816 State Street, Madison, WI 53706

STATE HISTORIC PRESERVATION OFFICE USE ONLY		WHS PROJECT NO. <u>WI240213</u>	
The State Historic Preservation Office has reviewed this application for the above name property and has determined that:			
<input type="checkbox"/>	the property is historic property and the rehabilitation as described meets the "Secretary of the Interior's Standards for Rehabilitation." This is a preliminary determination only. Final certification can be issued only after work has been completed and a Request for Certification of Completed Work has been approved.		
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_____ For Daina Penkiunas, State Historic Preservation Officer		_____ Date	
NON-CERTIFICATION			
<input type="checkbox"/>	THE OWNER MAY NOT CLAIM THE TAX CREDIT. The rehabilitation is not consistent with the historic character of the property and that the project does not meet the "Secretary of the Interior's Standards for Rehabilitation" for reasons given in the attached materials.		
<input type="checkbox"/>	THE OWNER MAY NOT CLAIM THE TAX CREDIT. The property has not been determined to be historic property for purposes of this program.		
_____ For Daina Penkiunas, State Historic Preservation Officer		_____ Date	



HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION

PART 2 – DESCRIPTION OF PROPOSED WORK

5a. TAX CREDIT-ELIGIBLE WORK

Below is a list of common eligible work items. If you have a work item that is not on the list, please add it. Select the work for which you plan to claim the 25% tax credit.

Eligible Work	Specific Type				Estimated Cost	Start Date	Completion Date
<input type="checkbox"/> Doors	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Front/Rear	<input type="checkbox"/> Garage	\$		
<input type="checkbox"/> Chimney	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Chimney Cap	<input type="checkbox"/> Liner/Insert	\$		
<input type="checkbox"/> Electrical	<input type="checkbox"/> Repair	<input type="checkbox"/> Update	<input type="checkbox"/> New Service	<input type="checkbox"/> Wall Repair	\$		
<input type="checkbox"/> Foundation	<input type="checkbox"/> Repair	<input type="checkbox"/> Rebuild	<input type="checkbox"/> Waterproofing	<input type="checkbox"/> Drain Tile	\$		
<input type="checkbox"/> HVAC	<input type="checkbox"/> Boiler	<input type="checkbox"/> Furnace	<input type="checkbox"/> Water Heater	<input type="checkbox"/> AC	\$		
<input type="checkbox"/> Masonry	<input type="checkbox"/> 100%	<input type="checkbox"/> Partial			\$		
<input type="checkbox"/> Painting	<input type="checkbox"/> House	<input type="checkbox"/> Trim	<input type="checkbox"/> Garage	<input type="checkbox"/> Outbuilding	\$		
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Repair	<input type="checkbox"/> Update	<input type="checkbox"/> New Service	<input type="checkbox"/> Wall Repair	\$		
<input type="checkbox"/> Porch	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> New	<input type="checkbox"/> Steps	\$		
<input checked="" type="checkbox"/> Roof	<input checked="" type="checkbox"/> Repair	<input checked="" type="checkbox"/> Replace	<input checked="" type="checkbox"/> Shingles	<input checked="" type="checkbox"/> Sheathing	\$ 83,027.29		
	<input type="checkbox"/> Gutters	<input type="checkbox"/> Downspouts	<input type="checkbox"/> Soffits	<input type="checkbox"/> Facia	\$		
<input type="checkbox"/> Siding	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Remove artificial		\$		
<input type="checkbox"/> Structural	<input type="checkbox"/> Columns	<input type="checkbox"/> Beams	<input type="checkbox"/> Joists	<input type="checkbox"/> Trusses	\$		
<input type="checkbox"/> Utilities	<input type="checkbox"/> Solar Panels	<input type="checkbox"/> Geo-thermal	<input type="checkbox"/> Well/Septic		\$		
<input type="checkbox"/> Windows	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Storm Windows	<input type="checkbox"/> Skylights	\$		
<input type="checkbox"/> Other					\$		
<input type="checkbox"/> Other					\$		
TOTAL COST					\$ 27,675.76		

5b. INELIGIBLE WORK

Below is a list of common ineligible work items. If you have a work item that is not on the list, please add it. ALL WORK MUST BE REVIEWED REGARDLESS OF ELIGIBILITY. Include work completed within the last year.

Ineligible Work	Specific Type				Estimated Cost	Start Date	Completion Date
<input type="checkbox"/> Driveway	<input type="checkbox"/> Repair	<input type="checkbox"/> New			\$		
<input type="checkbox"/> Fixtures	<input type="checkbox"/> Lighting	<input type="checkbox"/> Plumbing			\$		
<input type="checkbox"/> Insulation	<input type="checkbox"/> Wall	<input type="checkbox"/> Attic			\$		
<input type="checkbox"/> Interior	<input type="checkbox"/> Refinish	<input type="checkbox"/> Plaster Repair	<input type="checkbox"/> Paint		\$		
<input type="checkbox"/> Landscaping	<input type="checkbox"/> Patio	<input type="checkbox"/> Fencing	<input type="checkbox"/> Sidewalks		\$		
<input type="checkbox"/> New	<input type="checkbox"/> New Addition				\$		
<input type="checkbox"/> Remodeling	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Bath	<input type="checkbox"/> Attic	<input type="checkbox"/> Basement	\$		
<input type="checkbox"/> Other					\$		
<input type="checkbox"/> Other					\$		
<input type="checkbox"/> Other					\$		
TOTAL COST					\$		



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HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION
PART 2 – ADDITIONAL REQUIRED INFORMATION

6. PHOTOGRAPHS

Enclose clear color photographs of the pre-project conditions of all items listed.

7. ADDITIONAL PROJECT INFORMATION

Describe your project and the materials and methods you propose using on the next page. Submit architect/contractor drawings if applicable. Submit a copy of all contractor estimates. See the chart below for other types of information required.

Proposed Work	Additional Information Required
Construct Deck	Submit drawings showing location, design, materials and finish.
Fencing	Submit manufacturer literature showing location, design, materials and finish.
Doors (exterior)	Submit manufacturer literature showing design, materials and finish.
Insulation	Describe insulation type and installation method.
Masonry Pointing	Submit photos of areas requiring pointing.
Mini-Split System	Show locations of vertical piping and wall units.
New Construction	Submit drawings showing location, design, materials and finish.
Porch	Submit photo of original and drawings showing location, design, materials and finish.
Remodeling	Submit drawings showing existing and proposed interior design.
Replace Roof	Submit specific shingle manufacturer, shingle name and shingle color.
Replace Windows	Submit detailed photos of existing window deterioration (int & ext) & new window information
Storm Windows	Submit manufacturer literature showing design, materials and finish.
Structural	Submit written description of the proposed work and location.



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HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION
PART 2 – DESCRIPTION OF PROPOSED WORK

7. INSTRUCTIONS Describe each item of your project and the materials and methods you propose

DEMOLITION

- We will remove the existing three (3) layers of roofing to expose the bare roof deck. The debris will be removed from the roof and from the premise with full regard to the existing landscape and the existing gutters and downspouts.
- We will be responsible for clean up and debris removal.
- We will clean the existing roof deck. This will include sweeping the surface clean, removing or flattening any remaining nails, and nailing down any loose decking.
- Any wood decking replacement will be charged as an extra at a rate of \$55 per sheet. Photos will be taken for reference for all sheets needing replacement.

UNDERLAYMENT

- We will furnish and install CertainTeed Ice & Water Shield 3' @ all eaves, 3' @ valleys and 18" @ all roof intersections and penetrations.
- We will furnish and install CertainTeed synthetic underlayment to cover rest of roof deck not covered by I & W Shield.

SEND COMPLETED APPLICATIONS TO

State Historic Preservation Office
Wisconsin Historical Society – Room 312
816 State Street
Madison, WI 53706



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HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION
REQUEST FOR FIVE YEAR PROJECT PHASING

INSTRUCTIONS If you wish to claim rehabilitation expenses beyond the standard two-year period, you must complete this form and submit it along with the Part 2 application. Make sure that you have listed all of the work in the Part 2 application, then break down the work into annual phases.

1. PROPERTY ADDRESS

Street _____

City _____ County _____ ZIP _____

Work to be performed in **YEAR 1**

Calendar Year _____

Work to be performed in **YEAR 2**

Calendar Year _____

Work to be performed in **YEAR 3**

Calendar Year _____

Work to be performed in **YEAR 4**

Calendar Year _____

Work to be performed in **YEAR 5**

Calendar Year _____

OWNER'S CERTIFICATION

I hereby apply for five-year phasing for the above-stated project.

SIGNATURE OF OWNER _____ **DATE:** _____

STATE HISTORIC PRESERVATION OFFICE USE ONLY

I hereby approve the phasing plan for this project

WHS PROJECT NO. _____

For Daina Penkiunas, State Historic Preservation Officer

Date



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HISTORICAL
SOCIETY

HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION

PART 1 – EVALUATION OF SIGNIFICANCE

1. **PROPERTY ADDRESS** Street 2569 N WAHL AVENUE
City MILWAUKEE County MILWAUKEE ZIP 53211

Listed individually in the State Register or National Register. COMPLETE THIS PAGE ONLY
LISTING NAME JESSIE AND JOHN F. KERN HOUSE

Located in a State Register or National Register historic district. COMPLETE THIS PAGE ONLY
NAME OF HISTORIC DISTRICT NORTH POINT HISTORIC DISTRICT

PRELIMINARY CERTIFICATION Not listed in State Register or National Register or located in a State Register or National Register historic district - COMPLETE BOTH PAGES

2. **OWNER'S NAME** ALEXANDER AND LAUREN LASRY
Street 2569 N WAHL AVENUE
City MILWAUKEE State WI ZIP 53211 Telephone (days) /
Email address LASRYAJ@GMAIL.COM

3. **PROJECT CONTACT** MATT SMIES
Email address MATT@CUSTOMCRAFT.CC Telephone (days) 920 / 946-2566

4. **PHOTOGRAPHS** Please enclose photographs of the exterior of the building to be rehabilitated. Photos should be in color, at least 4" x 6", commercially printed and clearly show all sides of the building.

5. **OWNER'S CERTIFICATION** I hereby attest that the information I have provided is, to the best of my knowledge, correct and that I own the property described above. I understand that the falsification of factual representations in the application may be subject to criminal sanctions.

SIGNATURE OF OWNER *[Signature]* DATE 5/7/24

SEND COMPLETED APPLICATIONS TO State Historic Preservation Office
Wisconsin Historical Society – Room 312
816 State Street, Madison, WI 53706

STATE HISTORIC PRESERVATION OFFICE USE ONLY	WHS PROJECT NO. <u>WI 240214</u>
The State Historic Preservation Office has reviewed this application and has determined that:	
<input type="checkbox"/> the property is listed in the State Register of Historic Places or National Register of Historic Places and is historic property for purposes of the Historic Homeowner's Income Tax Credit.	
<input type="checkbox"/> the property contributes to the above-named State Register or National Register historic district and is historic property for purposes of the Historic Homeowner's Income Tax Credit.	
<input type="checkbox"/> the property appears to meet the State Register or National Register Criteria for Evaluation and, therefore is determined to be historic property for purposes of the Historic Homeowner's Income Tax Credit.	
<input type="checkbox"/> NON-CERTIFICATION: the property is not listed in the State Register of Historic Places or National Register of Historic Places, is not a contributing element to a State Register historic district or National Register historic district, and does not appear to meet the State Register or National Register Criteria for Evaluation; therefore, the property is not a historic property for purposes of the Historic Homeowner's Income Tax Credit.	
For Daina Penkiunas, State Historic Preservation Officer	Date



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HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION
PART 1 – EVALUATION OF SIGNIFICANCE

Property Address NOT PRELIMINARY CERTIFICATION

INSTRUCTIONS Complete this page of the form **ONLY** if you are applying for PRELIMINARY CERTIFICATION. Enclose photographs of all sides of the building's exterior, and interior spaces. Also include photographs of the site and any outbuildings (such as garages, barns, or other agricultural buildings). The photographs should clearly illustrate the appearance of the property and its significant features.

6. BUILDING DATA

Date of construction _____ Source of date _____

Dates (or approximate dates) and brief description of alterations _____

Has the building been moved? Yes No

If yes, when and from where? _____

7. DESCRIBE WHY THE PROPERTY IS IMPORTANT



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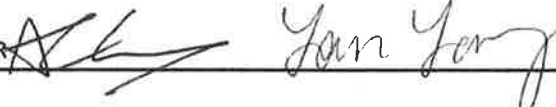
HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION
PART 2 – DESCRIPTION OF PROPOSED WORK

1. **PROPERTY ADDRESS** Street 2569 N WAHL AVENUE
City MILWAUKEE County MILWAUKEE ZIP 53211

2. **OWNER'S NAME** ALEXANDER AND LAUREN LASRY
Street 2569 N WAHL AVENUE
City MILWAUKEE State WI ZIP 53211 Telephone (days) /
Email address LASRYAJ@GMAIL.COM

3. **PROJECT CONTACT** MATT SMIES
Email address MATT@CUSTOMCRAFT.CC Telephone (days) 920 / 946-2566

4. **OWNER'S CERTIFICATION** I hereby attest that the information I have provided is, to the best of my knowledge, correct and that I own the property described above. I understand that the falsification of factual representations in the application may be subject to criminal sanctions. I further agree to submit the *Request for Certification of Completed Work* within 30 days of the date of completion of work or face forfeiture of any tax credit claimed for this project.

SIGNATURE OF OWNER  DATE 5/7/24

SEND COMPLETED APPLICATIONS TO State Historic Preservation Office
Wisconsin Historical Society – Room 312
816 State Street, Madison, WI 53706

STATE HISTORIC PRESERVATION OFFICE USE ONLY		WHS PROJECT NO. <u>WI240214</u>	
The State Historic Preservation Office has reviewed this application for the above name property and has determined that:			
<input type="checkbox"/>	the property is historic property and the rehabilitation as described meets the "Secretary of the Interior's Standards for Rehabilitation." This is a preliminary determination only. Final certification can be issued only after work has been completed and a Request for Certification of Completed Work has been approved.		
<input type="checkbox"/>	the property is historic property and the rehabilitation will meet the "Secretary of the Interior's Standards for Rehabilitation" if the attached conditions are met. This is a preliminary determination only. Final certification can be issued only after work has been completed and a Request for Certification of Completed Work has been approved.		
_____ For Daina Penkiunas, State Historic Preservation Officer		_____ Date	
NON-CERTIFICATION			
<input type="checkbox"/>	THE OWNER MAY NOT CLAIM THE TAX CREDIT. The rehabilitation is not consistent with the historic character of the property and that the project does not meet the "Secretary of the Interior's Standards for Rehabilitation" for reasons given in the attached materials.		
<input type="checkbox"/>	THE OWNER MAY NOT CLAIM THE TAX CREDIT. The property has not been determined to be historic property for purposes of this program.		
_____ For Daina Penkiunas, State Historic Preservation Officer		_____ Date	



HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION

PART 2 – DESCRIPTION OF PROPOSED WORK

5a. TAX CREDIT-ELIGIBLE WORK

Below is a list of common eligible work items. If you have a work item that is not on the list, please add it. Select the work for which you plan to claim the 25% tax credit.

Eligible Work	Specific Type				Estimated Cost	Start Date	Completion Date
<input type="checkbox"/> Doors	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Front/Rear	<input type="checkbox"/> Garage	\$		
<input type="checkbox"/> Chimney	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Chimney Cap	<input type="checkbox"/> Liner/Insert	\$		
<input type="checkbox"/> Electrical	<input type="checkbox"/> Repair	<input type="checkbox"/> Update	<input type="checkbox"/> New Service	<input type="checkbox"/> Wall Repair	\$		
<input type="checkbox"/> Foundation	<input type="checkbox"/> Repair	<input type="checkbox"/> Rebuild	<input type="checkbox"/> Waterproofing	<input type="checkbox"/> Drain Tile	\$		
<input type="checkbox"/> HVAC	<input type="checkbox"/> Boiler	<input type="checkbox"/> Furnace	<input type="checkbox"/> Water Heater	<input type="checkbox"/> AC	\$		
<input type="checkbox"/> Masonry	<input type="checkbox"/> 100%	<input type="checkbox"/> Partial			\$		
<input type="checkbox"/> Painting	<input type="checkbox"/> House	<input type="checkbox"/> Trim	<input type="checkbox"/> Garage	<input type="checkbox"/> Outbuilding	\$		
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Repair	<input type="checkbox"/> Update	<input type="checkbox"/> New Service	<input type="checkbox"/> Wall Repair	\$		
<input type="checkbox"/> Porch	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> New	<input type="checkbox"/> Steps	\$		
<input checked="" type="checkbox"/> Roof	<input checked="" type="checkbox"/> Repair	<input checked="" type="checkbox"/> Replace	<input checked="" type="checkbox"/> Shingles	<input checked="" type="checkbox"/> Sheathing	\$ 83,027.29		
	<input type="checkbox"/> Gutters	<input type="checkbox"/> Downspouts	<input type="checkbox"/> Soffits	<input type="checkbox"/> Facia	\$		
<input type="checkbox"/> Siding	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Remove artificial		\$		
<input type="checkbox"/> Structural	<input type="checkbox"/> Columns	<input type="checkbox"/> Beams	<input type="checkbox"/> Joists	<input type="checkbox"/> Trusses	\$		
<input type="checkbox"/> Utilities	<input type="checkbox"/> Solar Panels	<input type="checkbox"/> Geo-thermal	<input type="checkbox"/> Well/Septic		\$		
<input type="checkbox"/> Windows	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Storm Windows	<input type="checkbox"/> Skylights	\$		
<input type="checkbox"/> Other					\$		
<input type="checkbox"/> Other					\$		
TOTAL COST					\$ 27,675.76		

5b. INELIGIBLE WORK

Below is a list of common ineligible work items. If you have a work item that is not on the list, please add it.
ALL WORK MUST BE REVIEWED REGARDLESS OF ELIGIBILITY. Include work completed within the last year.

Ineligible Work	Specific Type				Estimated Cost	Start Date	Completion Date
<input type="checkbox"/> Driveway	<input type="checkbox"/> Repair	<input type="checkbox"/> New			\$		
<input type="checkbox"/> Fixtures	<input type="checkbox"/> Lighting	<input type="checkbox"/> Plumbing			\$		
<input type="checkbox"/> Insulation	<input type="checkbox"/> Wall	<input type="checkbox"/> Attic			\$		
<input type="checkbox"/> Interior	<input type="checkbox"/> Refinish	<input type="checkbox"/> Plaster Repair	<input type="checkbox"/> Paint		\$		
<input type="checkbox"/> Landscaping	<input type="checkbox"/> Patio	<input type="checkbox"/> Fencing	<input type="checkbox"/> Sidewalks		\$		
<input type="checkbox"/> New	<input type="checkbox"/> New Addition				\$		
<input type="checkbox"/> Remodeling	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Bath	<input type="checkbox"/> Attic	<input type="checkbox"/> Basement	\$		
<input type="checkbox"/> Other					\$		
<input type="checkbox"/> Other					\$		
<input type="checkbox"/> Other					\$		
TOTAL COST					\$		



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HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION
PART 2 – ADDITIONAL REQUIRED INFORMATION

6. PHOTOGRAPHS

Enclose clear color photographs of the pre-project conditions of all items listed.

7. ADDITIONAL PROJECT INFORMATION

Describe your project and the materials and methods you propose using on the next page. Submit architect/contractor drawings if applicable. Submit a copy of all contractor estimates. See the chart below for other types of information required.

Proposed Work	Additional Information Required
Construct Deck	Submit drawings showing location, design, materials and finish.
Fencing	Submit manufacturer literature showing location, design, materials and finish.
Doors (exterior)	Submit manufacturer literature showing design, materials and finish.
Insulation	Describe insulation type and installation method.
Masonry Pointing	Submit photos of areas requiring pointing.
Mini-Split System	Show locations of vertical piping and wall units.
New Construction	Submit drawings showing location, design, materials and finish.
Porch	Submit photo of original and drawings showing location, design, materials and finish.
Remodeling	Submit drawings showing existing and proposed interior design.
Replace Roof	Submit specific shingle manufacturer, shingle name and shingle color.
Replace Windows	Submit detailed photos of existing window deterioration (int & ext) & new window information
Storm Windows	Submit manufacturer literature showing design, materials and finish.
Structural	Submit written description of the proposed work and location.



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SOCIETY

HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION
PART 2 – DESCRIPTION OF PROPOSED WORK

7. INSTRUCTIONS Describe each item of your project and the materials and methods you propose

DEMOLITION

- We will remove the existing three (3) layers of roofing to expose the bare roof deck. The debris will be removed from the roof and from the premise with full regard to the existing landscape and the existing gutters and downspouts.
- We will be responsible for clean up and debris removal.
- We will clean the existing roof deck. This will include sweeping the surface clean, removing or flattening any remaining nails, and nailing down any loose decking.
- Any wood decking replacement will be charged as an extra at a rate of \$55 per sheet. Photos will be taken for reference for all sheets needing replacement.

UNDERLAYMENT

- We will furnish and install CertainTeed Ice & Water Shield 3' @ all eaves, 3' @ valleys and 18" @ all roof intersections and penetrations.
- We will furnish and install CertainTeed synthetic underlayment to cover rest of roof deck not covered by I & W Shield.

SEND COMPLETED APPLICATIONS TO

State Historic Preservation Office
Wisconsin Historical Society – Room 312
816 State Street
Madison, WI 53706



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SOCIETY

HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION
REQUEST FOR FIVE YEAR PROJECT PHASING

INSTRUCTIONS If you wish to claim rehabilitation expenses beyond the standard two-year period, you must complete this form and submit it along with the Part 2 application. Make sure that you have listed all of the work in the Part 2 application, then break down the work into annual phases.

1. PROPERTY ADDRESS

Street _____

City _____ County _____ ZIP _____

Work to be performed in **YEAR 1**
Calendar Year _____

Work to be performed in **YEAR 2**
Calendar Year _____

Work to be performed in **YEAR 3**
Calendar Year _____

Work to be performed in **YEAR 4**
Calendar Year _____

Work to be performed in **YEAR 5**
Calendar Year _____

OWNER'S CERTIFICATION

I hereby apply for five-year phasing for the above-stated project.

SIGNATURE OF OWNER _____ DATE: _____

STATE HISTORIC PRESERVATION OFFICE USE ONLY

I hereby approve the phasing plan for this project

WHS PROJECT NO. _____

For Daina Penkiunas, State Historic Preservation Officer

Date



WISCONSIN
HISTORICAL
SOCIETY

HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION

PART 1 – EVALUATION OF SIGNIFICANCE

1. **PROPERTY ADDRESS** Street 2569 N WAHL AVENUE
City MILWAUKEE County MILWAUKEE ZIP 53211

Listed individually in the State Register or National Register. COMPLETE THIS PAGE ONLY
LISTING NAME JESSIE AND JOHN F. KERN HOUSE

Located in a State Register or National Register historic district. COMPLETE THIS PAGE ONLY
NAME OF HISTORIC DISTRICT NORTH POINT HISTORIC DISTRICT

PRELIMINARY CERTIFICATION Not listed in State Register or National Register or located in a State Register or National Register historic district - COMPLETE BOTH PAGES

2. **OWNER'S NAME** ALEXANDER AND LAUREN LASRY
Street 2569 N WAHL AVENUE
City MILWAUKEE State WI ZIP 53211 Telephone (days) /
Email address LASRYAJ@GMAIL.COM

3. **PROJECT CONTACT** MATT SMIES
Email address MATT@CUSTOMCRAFT.CC Telephone (days) 920 / 946-2566

4. **PHOTOGRAPHS** Please enclose photographs of the exterior of the building to be rehabilitated. Photos should be in color, at least 4" x 6", commercially printed and clearly show all sides of the building.

5. **OWNER'S CERTIFICATION** I hereby attest that the information I have provided is, to the best of my knowledge, correct and that I own the property described above. I understand that the falsification of factual representations in the application may be subject to criminal sanctions.

SIGNATURE OF OWNER [Signature] [Signature] DATE 5/7/24

SEND COMPLETED APPLICATIONS TO State Historic Preservation Office
Wisconsin Historical Society – Room 312
816 State Street, Madison, WI 53706

STATE HISTORIC PRESERVATION OFFICE USE ONLY	WHS PROJECT NO. <u>WI240215</u>
The State Historic Preservation Office has reviewed this application and has determined that:	
___ the property is listed in the State Register of Historic Places or National Register of Historic Places and is historic property for purposes of the Historic Homeowner's Income Tax Credit.	
___ the property contributes to the above-named State Register or National Register historic district and is historic property for purposes of the Historic Homeowner's Income Tax Credit.	
___ the property appears to meet the State Register or National Register Criteria for Evaluation and, therefore is determined to be historic property for purposes of the Historic Homeowner's Income Tax Credit.	
___ NON-CERTIFICATION: the property is not listed in the State Register of Historic Places or National Register of Historic Places, is not a contributing element to a State Register historic district or National Register historic district, and does not appear to meet the State Register or National Register Criteria for Evaluation; therefore, the property is not a historic property for purposes of the Historic Homeowner's Income Tax Credit.	
For Daina Penkiunas, State Historic Preservation Officer	Date



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SOCIETY

HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION
PART 1 – EVALUATION OF SIGNIFICANCE

Property Address NOT PRELIMINARY CERTIFICATION

INSTRUCTIONS Complete this page of the form **ONLY** if you are applying for PRELIMINARY CERTIFICATION. Enclose photographs of all sides of the building's exterior, and interior spaces. Also include photographs of the site and any outbuildings (such as garages, barns, or other agricultural buildings). The photographs should clearly illustrate the appearance of the property and its significant features.

6. BUILDING DATA

Date of construction _____ Source of date _____

Dates (or approximate dates) and brief description of alterations _____

Has the building been moved? Yes No

If yes, when and from where? _____

7. DESCRIBE WHY THE PROPERTY IS IMPORTANT



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SOCIETY


HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION
PART 2 – DESCRIPTION OF PROPOSED WORK

1. **PROPERTY ADDRESS** Street 2569 N WAHL AVENUE
City MILWAUKEE County MILWAUKEE ZIP 53211

2. **OWNER'S NAME** ALEXANDER AND LAUREN LASRY
Street 2569 N WAHL AVENUE
City MILWAUKEE State WI ZIP 53211 Telephone (days) /
Email address LASRYAJ@GMAIL.COM

3. **PROJECT CONTACT** MATT SMIES
Email address MATT@CUSTOMCRAFT.CC Telephone (days) 920 / 946-2566

4. **OWNER'S CERTIFICATION** I hereby attest that the information I have provided is, to the best of my knowledge, correct and that I own the property described above. I understand that the falsification of factual representations in the application may be subject to criminal sanctions. I further agree to submit the *Request for Certification of Completed Work* within 30 days of the date of completion of work or face forfeiture of any tax credit claimed for this project.

SIGNATURE OF OWNER  DATE 5/7/24

SEND COMPLETED APPLICATIONS TO State Historic Preservation Office
Wisconsin Historical Society – Room 312
816 State Street, Madison, WI 53706

STATE HISTORIC PRESERVATION OFFICE USE ONLY		WHS PROJECT NO. <u>WI 240215</u>	
The State Historic Preservation Office has reviewed this application for the above name property and has determined that:			
<input type="checkbox"/>	the property is historic property and the rehabilitation as described meets the "Secretary of the Interior's Standards for Rehabilitation." This is a preliminary determination only. Final certification can be issued only after work has been completed and a Request for Certification of Completed Work has been approved.		
<input type="checkbox"/>	the property is historic property and the rehabilitation will meet the "Secretary of the Interior's Standards for Rehabilitation" if the attached conditions are met. This is a preliminary determination only. Final certification can be issued only after work has been completed and a Request for Certification of Completed Work has been approved.		
_____ For Daina Penkiunas, State Historic Preservation Officer		_____ Date	
NON-CERTIFICATION			
<input type="checkbox"/>	THE OWNER MAY NOT CLAIM THE TAX CREDIT. The rehabilitation is not consistent with the historic character of the property and that the project does not meet the "Secretary of the Interior's Standards for Rehabilitation" for reasons given in the attached materials.		
<input type="checkbox"/>	THE OWNER MAY NOT CLAIM THE TAX CREDIT. The property has not been determined to be historic property for purposes of this program.		
_____ For Daina Penkiunas, State Historic Preservation Officer		_____ Date	



HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION

PART 2 – DESCRIPTION OF PROPOSED WORK

5a. TAX CREDIT-ELIGIBLE WORK

Below is a list of common eligible work items. If you have a work item that is not on the list, please add it. Select the work for which you plan to claim the 25% tax credit.

Eligible Work	Specific Type				Estimated Cost	Start Date	Completion Date
<input type="checkbox"/> Doors	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Front/Rear	<input type="checkbox"/> Garage	\$		
<input type="checkbox"/> Chimney	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Chimney Cap	<input type="checkbox"/> Liner/Insert	\$		
<input type="checkbox"/> Electrical	<input type="checkbox"/> Repair	<input type="checkbox"/> Update	<input type="checkbox"/> New Service	<input type="checkbox"/> Wall Repair	\$		
<input type="checkbox"/> Foundation	<input type="checkbox"/> Repair	<input type="checkbox"/> Rebuild	<input type="checkbox"/> Waterproofing	<input type="checkbox"/> Drain Tile	\$		
<input type="checkbox"/> HVAC	<input type="checkbox"/> Boiler	<input type="checkbox"/> Furnace	<input type="checkbox"/> Water Heater	<input type="checkbox"/> AC	\$		
<input type="checkbox"/> Masonry	<input type="checkbox"/> 100%	<input type="checkbox"/> Partial			\$		
<input type="checkbox"/> Painting	<input type="checkbox"/> House	<input type="checkbox"/> Trim	<input type="checkbox"/> Garage	<input type="checkbox"/> Outbuilding	\$		
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Repair	<input type="checkbox"/> Update	<input type="checkbox"/> New Service	<input type="checkbox"/> Wall Repair	\$		
<input type="checkbox"/> Porch	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> New	<input type="checkbox"/> Steps	\$		
<input checked="" type="checkbox"/> Roof	<input checked="" type="checkbox"/> Repair	<input checked="" type="checkbox"/> Replace	<input checked="" type="checkbox"/> Shingles	<input checked="" type="checkbox"/> Sheathing	\$ 83,027.29		
	<input type="checkbox"/> Gutters	<input type="checkbox"/> Downspouts	<input type="checkbox"/> Soffits	<input type="checkbox"/> Facia	\$		
<input type="checkbox"/> Siding	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Remove artificial		\$		
<input type="checkbox"/> Structural	<input type="checkbox"/> Columns	<input type="checkbox"/> Beams	<input type="checkbox"/> Joists	<input type="checkbox"/> Trusses	\$		
<input type="checkbox"/> Utilities	<input type="checkbox"/> Solar Panels	<input type="checkbox"/> Geo-thermal	<input type="checkbox"/> Well/Septic		\$		
<input type="checkbox"/> Windows	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Storm Windows	<input type="checkbox"/> Skylights	\$		
<input type="checkbox"/> Other					\$		
<input type="checkbox"/> Other					\$		
TOTAL COST					\$ 27,675.76		

5b. INELIGIBLE WORK

Below is a list of common ineligible work items. If you have a work item that is not on the list, please add it.
ALL WORK MUST BE REVIEWED REGARDLESS OF ELIGIBILITY. Include work completed within the last year.

Ineligible Work	Specific Type				Estimated Cost	Start Date	Completion Date
<input type="checkbox"/> Driveway	<input type="checkbox"/> Repair	<input type="checkbox"/> New			\$		
<input type="checkbox"/> Fixtures	<input type="checkbox"/> Lighting	<input type="checkbox"/> Plumbing			\$		
<input type="checkbox"/> Insulation	<input type="checkbox"/> Wall	<input type="checkbox"/> Attic			\$		
<input type="checkbox"/> Interior	<input type="checkbox"/> Refinish	<input type="checkbox"/> Plaster Repair	<input type="checkbox"/> Paint		\$		
<input type="checkbox"/> Landscaping	<input type="checkbox"/> Patio	<input type="checkbox"/> Fencing	<input type="checkbox"/> Sidewalks		\$		
<input type="checkbox"/> New	<input type="checkbox"/> New Addition				\$		
<input type="checkbox"/> Remodeling	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Bath	<input type="checkbox"/> Attic	<input type="checkbox"/> Basement	\$		
<input type="checkbox"/> Other					\$		
<input type="checkbox"/> Other					\$		
<input type="checkbox"/> Other					\$		
TOTAL COST					\$		



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HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION
PART 2 – ADDITIONAL REQUIRED INFORMATION

6. PHOTOGRAPHS

Enclose clear color photographs of the pre-project conditions of all items listed.

7. ADDITIONAL PROJECT INFORMATION

Describe your project and the materials and methods you propose using on the next page. Submit architect/contractor drawings if applicable. Submit a copy of all contractor estimates. See the chart below for other types of information required.

Proposed Work	Additional Information Required
Construct Deck	Submit drawings showing location, design, materials and finish.
Fencing	Submit manufacturer literature showing location, design, materials and finish.
Doors (exterior)	Submit manufacturer literature showing design, materials and finish.
Insulation	Describe insulation type and installation method.
Masonry Pointing	Submit photos of areas requiring pointing.
Mini-Split System	Show locations of vertical piping and wall units.
New Construction	Submit drawings showing location, design, materials and finish.
Porch	Submit photo of original and drawings showing location, design, materials and finish.
Remodeling	Submit drawings showing existing and proposed interior design.
Replace Roof	Submit specific shingle manufacturer, shingle name and shingle color.
Replace Windows	Submit detailed photos of existing window deterioration (int & ext) & new window information
Storm Windows	Submit manufacturer literature showing design, materials and finish.
Structural	Submit written description of the proposed work and location.



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HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION
PART 2 – DESCRIPTION OF PROPOSED WORK

7. INSTRUCTIONS Describe each item of your project and the materials and methods you propose

DEMOLITION

- We will remove the existing three (3) layers of roofing to expose the bare roof deck. The debris will be removed from the roof and from the premise with full regard to the existing landscape and the existing gutters and downspouts.
- We will be responsible for clean up and debris removal.
- We will clean the existing roof deck. This will include sweeping the surface clean, removing or flattening any remaining nails, and nailing down any loose decking.
- Any wood decking replacement will be charged as an extra at a rate of \$55 per sheet. Photos will be taken for reference for all sheets needing replacement.

UNDERLAYMENT

- We will furnish and install CertainTeed Ice & Water Shield 3' @ all eaves, 3' @ valleys and 18" @ all roof intersections and penetrations.
- We will furnish and install CertainTeed synthetic underlayment to cover rest of roof deck not covered by I & W Shield.

SEND COMPLETED APPLICATIONS TO

State Historic Preservation Office
Wisconsin Historical Society – Room 312
816 State Street
Madison, WI 53706



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HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION
REQUEST FOR FIVE YEAR PROJECT PHASING

INSTRUCTIONS If you wish to claim rehabilitation expenses beyond the standard two-year period, you must complete this form and submit it along with the Part 2 application. Make sure that you have listed all of the work in the Part 2 application, then break down the work into annual phases.

1. PROPERTY ADDRESS

Street _____

City _____ County _____ ZIP _____

Work to be performed in **YEAR 1**
Calendar Year _____

Work to be performed in **YEAR 2**
Calendar Year _____

Work to be performed in **YEAR 3**
Calendar Year _____

Work to be performed in **YEAR 4**
Calendar Year _____

Work to be performed in **YEAR 5**
Calendar Year _____

OWNER'S CERTIFICATION

I hereby apply for five-year phasing for the above-stated project.

SIGNATURE OF OWNER _____ **DATE:** _____

STATE HISTORIC PRESERVATION OFFICE USE ONLY

I hereby approve the phasing plan for this project

WHS PROJECT NO. _____

For Daina Penkiunas, State Historic Preservation Officer

Date

Penzkover, Leah X - WHS

From: Penzkover, Leah X - WHS
Sent: Tuesday, May 21, 2024 8:17 AM
To: marriq@aol.com; mquinones@avenuecapital.com
Subject: RE: maritza quinones shared "2569 n wahl" with you

Good morning Maritza,

I have downloaded the application you sent, thank you. The dropbox folder for the images is empty. Please send me an email when you've finished uploading the photos.

Best,

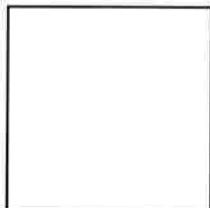
Leah Penzkover
Architecture and History Inventory Coordinator
State Historic Preservation Office
Wisconsin Historical Society
816 State St.
Madison WI 53706

Wisconsin Historical Society

Collecting, Preserving, and Sharing Stories Since 1846

From: maritza quinones (via Dropbox) <no-reply@dropbox.com>
Sent: Monday, May 20, 2024 12:38 PM
To: Penzkover, Leah X - WHS <Leah.Penzkover@wisconsinhistory.org>
Subject: maritza quinones shared "2569 n wahl" with you

**CAUTION: This email originated from outside the organization.
Do not click links or open attachments unless you recognize the sender and know the content is safe.**



Hi Leah,

Penzkover, Leah X - WHS

From: Penzkover, Leah X - WHS
Sent: Friday, May 3, 2024 10:28 AM
To: Alexander Lasry
Subject: FW: Homeowner's Tax Credit Applications
Attachments: HPR-Homeowner-Tax-Credit-Applications-2019_2.pdf

Good afternoon,

I'm following up regarding these missing components to your tax credit application. If I do not hear back from you by 5/30 (the end of the month) we will assume you have chosen to withdraw your application.

Best,

Leah Penzkover
Architecture and History Inventory Coordinator
State Historic Preservation Office
Wisconsin Historical Society
816 State St.
Madison WI 53706

Wisconsin Historical Society

Collecting, Preserving, and Sharing Stories Since 1846

From: Penzkover, Leah X - WHS
Sent: Wednesday, April 17, 2024 3:33 PM
To: lasryaj@gmail.com
Cc: Porter, Paul R - WHS <paul.porter@wisconsinhistory.org>; Bissen, Katherine - WHS <kate.bissen@wisconsinhistory.org>
Subject: Homeowner's Tax Credit Applications

Good afternoon,

We have received your applications, thank you. However, there are a few issues to address before the applications can move forward to the review process.

First, each application must be submitted with current photos (taken in the last 30 days) of all four sides of the exterior of the building. These photos must be printed on 4x6 color photo prints and mailed to our office, or jpeg files sent to me through a file sharing service such as wetransfer or dropbox. Google drive hasn't been working for us lately. We cannot accept photos printed on computer paper, or other file types like PDF or .heic (iphone).

Next, the application forms must be signed and dated on the Part 1 and Part 2. What we have received is not signed or dated.

Penzkover, Leah X - WHS

From: Penzkover, Leah X - WHS
Sent: Wednesday, April 17, 2024 3:33 PM
To: lasryaj@gmail.com
Cc: Porter, Paul R - WHS; Bissen, Katherine - WHS
Subject: Homeowner's Tax Credit Applications
Attachments: HPR-Homeowner-Tax-Credit-Applications-2019_2.pdf

Good afternoon,

We have received your applications, thank you. However, there are a few issues to address before the applications can move forward to the review process.

First, each application must be submitted with current photos (taken in the last 30 days) of all four sides of the exterior of the building. These photos must be printed on 4x6 color photo prints and mailed to our office, or jpeg files sent to me through a file sharing service such as wetransfer or dropbox. Google drive hasn't been working for us lately. We cannot accept photos printed on computer paper, or other file types like PDF or .heic (iphone).

Next, the application forms must be signed and dated on the Part 1 and Part 2. What we have received is not signed or dated.

Finally, each application must have between \$10,000 and \$40,000 worth of eligible work. Currently, you have submitted two applications with \$40,000 and one with a little more than \$3,000. Please find a blank application attached to this email. You will need to fill out new applications with the work spread over them so that each application has costs which fall between \$10,000 and \$40,000. Any easy way to do this would be to divide the total cost by 3 and put a third of the cost on each new application.

As long as these new applications are signed and dated, you can send them back to me as email attachments, or you can mail them if you would prefer.

Once we have corrected, completed application and the required photos, the applications will move forward to the review process.

Best,

Leah Penzkover
Architecture and History Inventory Coordinator
State Historic Preservation Office
Wisconsin Historical Society
816 State St.
Madison WI 53706

Wisconsin Historical Society

Collecting, Preserving, and Sharing Stories Since 1846



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RECEIVED
APR 17 2024

HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION

BY:

PART 1 – EVALUATION OF SIGNIFICANCE

1. **PROPERTY ADDRESS** Street 2569 N WAHL AVENUE
City MILWAUKEE County MILWAUKEE ZIP 53211

Listed individually in the State Register or National Register. COMPLETE THIS PAGE ONLY
LISTING NAME JESSIE AND JOHN F. KERN HOUSE

Located in a State Register or National Register historic district. COMPLETE THIS PAGE ONLY
NAME OF HISTORIC DISTRICT NORTH POINT HISTORIC DISTRICT

PRELIMINARY CERTIFICATION Not listed in State Register or National Register or located in a State Register or National Register historic district - COMPLETE BOTH PAGES

2. **OWNER'S NAME** ALEXANDER ASRY
Street 2569 N WAHL AVENUE
City MILWAUKEE State WI ZIP 53211 Telephone (days) /
Email address LASRYAJ@GMAIL.COM

3. **PROJECT CONTACT** MATT SMIES
Email address MATT@CUSTOMCRAFT.CC Telephone (days) 920 / 946-2566

4. **PHOTOGRAPHS** Please enclose photographs of the exterior of the building to be rehabilitated. Photos should be in color, at least 4" x 6", commercially printed and clearly show all sides of the building.

5. **OWNER'S CERTIFICATION** I hereby attest that the information I have provided is, to the best of my knowledge, correct and that I own the property described above. I understand that the falsification of factual representations in the application may be subject to criminal sanctions.

SIGNATURE OF OWNER

DATE

SEND COMPLETED APPLICATIONS TO State Historic Preservation Office
Wisconsin Historical Society – Room 312
816 State Street, Madison, WI 53706

STATE HISTORIC PRESERVATION OFFICE USE ONLY

WHS PROJECT NO. _____

The State Historic Preservation Office has reviewed this application and has determined that:

- ___ the property is listed in the State Register of Historic Places or National Register of Historic Places and is historic property for purposes of the Historic Homeowner's Income Tax Credit.
- ___ the property contributes to the above-named State Register or National Register historic district and is historic property for purposes of the Historic Homeowner's Income Tax Credit.
- ___ the property appears to meet the State Register or National Register Criteria for Evaluation and, therefore is determined to be historic property for purposes of the Historic Homeowner's Income Tax Credit.
- ___ **NON-CERTIFICATION:** the property is not listed in the State Register of Historic Places or National Register of Historic Places, is not a contributing element to a State Register historic district or National Register historic district, and does not appear to meet the State Register or National Register Criteria for Evaluation; therefore. the property is not a historic property for purposes of the Historic Homeowner's Income Tax Credit.

For Daina Penkiunas, State Historic Preservation Officer

Date



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HISTORICAL
SOCIETY

HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION

PART 1 – EVALUATION OF SIGNIFICANCE

Property Address NOT PRELIMINARY CERTIFICATION

INSTRUCTIONS Complete this page of the form ONLY if you are applying for PRELIMINARY CERTIFICATION. Enclose photographs of all sides of the building's exterior, and interior spaces. Also include photographs of the site and any outbuildings (such as garages, barns, or other agricultural buildings). The photographs should clearly illustrate the appearance of the property and its significant features.

6. BUILDING DATA

Date of construction _____ Source of date _____

Dates (or approximate dates) and brief description of alterations _____

Has the building been moved? Yes No

If yes, when and from where? _____

7. DESCRIBE WHY THE PROPERTY IS IMPORTANT



HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION
PART 2 – DESCRIPTION OF PROPOSED WORK

1. **PROPERTY ADDRESS** Street 2569 N WAHL AVENUE
City MILWAUKEE County MILWAUKEE ZIP 53211

2. **OWNER'S NAME** ALEXANDER AND LAUREN LASRY
Street 2569 N WAHL AVENUE
City MILWAUKEE State WI ZIP 53211 Telephone (days) /
Email address LASRYAJ@GMAIL.COM

3. **PROJECT CONTACT** MATT SMIES
Email address MATT@CUSTOMCRAFT.CC Telephone (days) 920 / 946-2566

4. **OWNER'S CERTIFICATION** I hereby attest that the information I have provided is, to the best of my knowledge, correct and that I own the property described above. I understand that the falsification of factual representations in the application may be subject to criminal sanctions. I further agree to submit the *Request for Certification of Completed Work* within 30 days of the date of completion of work or face forfeiture of any tax credit claimed for this project.

SIGNATURE OF OWNER  **DATE** 4/11/24

SEND COMPLETED APPLICATIONS TO State Historic Preservation Office
Wisconsin Historical Society – Room 312
816 State Street, Madison, WI 53706

STATE HISTORIC PRESERVATION OFFICE USE ONLY

WHS PROJECT NO. _____

The State Historic Preservation Office has reviewed this application for the above name property and has determined that:

- the property is historic property and the rehabilitation as described meets the "Secretary of the Interior's Standards for Rehabilitation." This is a preliminary determination only. Final certification can be issued only after work has been completed and a Request for Certification of Completed Work has been approved.
- the property is historic property and the rehabilitation will meet the "Secretary of the Interior's Standards for Rehabilitation" if the attached conditions are met. This is a preliminary determination only. Final certification can be issued only after work has been completed and a Request for Certification of Completed Work has been approved.

For Daina Penkiunas, State Historic Preservation Officer

Date

NON-CERTIFICATION

- THE OWNER MAY NOT CLAIM THE TAX CREDIT. The rehabilitation is not consistent with the historic character of the property and that the project does not meet the "Secretary of the Interior's Standards for Rehabilitation" for reasons given in the attached materials.
- THE OWNER MAY NOT CLAIM THE TAX CREDIT. The property has not been determined to be historic property for purposes of this program.

For Daina Penkiunas, State Historic Preservation Officer

Date



HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION

PART 2 – DESCRIPTION OF PROPOSED WORK

5a. TAX CREDIT-ELIGIBLE WORK

Below is a list of common eligible work items. If you have a work item that is not on the list, please add it. Select the work for which you plan to claim the 25% tax credit.

Eligible Work	Specific Type				Estimated Cost	Start Date	Completion Date
<input type="checkbox"/> Doors	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Front/Rear	<input type="checkbox"/> Garage	\$		
<input type="checkbox"/> Chimney	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Chimney Cap	<input type="checkbox"/> Liner/Insert	\$		
<input type="checkbox"/> Electrical	<input type="checkbox"/> Repair	<input type="checkbox"/> Update	<input type="checkbox"/> New Service	<input type="checkbox"/> Wall Repair	\$		
<input type="checkbox"/> Foundation	<input type="checkbox"/> Repair	<input type="checkbox"/> Rebuild	<input type="checkbox"/> Waterproofing	<input type="checkbox"/> Drain Tile	\$		
<input type="checkbox"/> HVAC	<input type="checkbox"/> Boiler	<input type="checkbox"/> Furnace	<input type="checkbox"/> Water Heater	<input type="checkbox"/> AC	\$		
<input type="checkbox"/> Masonry	<input type="checkbox"/> 100%	<input type="checkbox"/> Partial			\$		
<input type="checkbox"/> Painting	<input type="checkbox"/> House	<input type="checkbox"/> Trim	<input type="checkbox"/> Garage	<input type="checkbox"/> Outbuilding	\$		
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Repair	<input type="checkbox"/> Update	<input type="checkbox"/> New Service	<input type="checkbox"/> Wall Repair	\$		
<input type="checkbox"/> Porch	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> New	<input type="checkbox"/> Steps	\$		
<input checked="" type="checkbox"/> Roof	<input checked="" type="checkbox"/> Repair	<input checked="" type="checkbox"/> Replace	<input checked="" type="checkbox"/> Shingles	<input checked="" type="checkbox"/> Sheathing	\$ 3,027.29		
	<input type="checkbox"/> Gutters	<input type="checkbox"/> Downspouts	<input type="checkbox"/> Soffits	<input type="checkbox"/> Facia	\$		
<input type="checkbox"/> Siding	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Remove artificial		\$		
<input type="checkbox"/> Structural	<input type="checkbox"/> Columns	<input type="checkbox"/> Beams	<input type="checkbox"/> Joists	<input type="checkbox"/> Trusses	\$		
<input type="checkbox"/> Utilities	<input type="checkbox"/> Solar Panels	<input type="checkbox"/> Geo-thermal	<input type="checkbox"/> Well/Septic		\$		
<input type="checkbox"/> Windows	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Storm Windows	<input type="checkbox"/> Skylights	\$		
<input type="checkbox"/> Other					\$		
<input type="checkbox"/> Other					\$		
TOTAL COST					\$ 3,027.29		

5b. INELIGIBLE WORK

Below is a list of common ineligible work items. If you have a work item that is not on the list, please add it.
ALL WORK MUST BE REVIEWED REGARDLESS OF ELIGIBILITY. Include work completed within the last year.

Ineligible Work	Specific Type				Estimated Cost	Start Date	Completion Date
<input type="checkbox"/> Driveway	<input type="checkbox"/> Repair	<input type="checkbox"/> New			\$		
<input type="checkbox"/> Fixtures	<input type="checkbox"/> Lighting	<input type="checkbox"/> Plumbing			\$		
<input type="checkbox"/> Insulation	<input type="checkbox"/> Wall	<input type="checkbox"/> Attic			\$		
<input type="checkbox"/> Interior	<input type="checkbox"/> Refinish	<input type="checkbox"/> Plaster Repair	<input type="checkbox"/> Paint		\$		
<input type="checkbox"/> Landscaping	<input type="checkbox"/> Patio	<input type="checkbox"/> Fencing	<input type="checkbox"/> Sidewalks		\$		
<input type="checkbox"/> New	<input type="checkbox"/> New Addition				\$		
<input type="checkbox"/> Remodeling	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Bath	<input type="checkbox"/> Attic	<input type="checkbox"/> Basement	\$		
<input type="checkbox"/> Other					\$		
<input type="checkbox"/> Other					\$		
<input type="checkbox"/> Other					\$		
TOTAL COST					\$		